

# Charis Hospice's Hunt for Charity 2010

## Educational Nature Hunt Entry Form

### Co-organized with Friends of the Penang Botanic Gardens Society

#### Rules and Regulations

1. This is a two-hour walking hunt in Botanical Garden for 1 or 2 children from 5 – 12 years and must be accompanied by one adult.
2. Entry forms must be fully completed and the Indemnity Declaration duly signed by all participants in the team.
3. Entry fees are to be paid in full before the team is officially registered for the hunt. Closing date: 26<sup>th</sup> Feb 2010.
4. The organizer reserves the right to amend rules, change or postpone the date or cancel the event or take such actions as deemed needful and shall not be liable for any claims, losses, expenses incurred by the participants.
5. The decision of awarding prizes and points by the judges will be final.
6. Cheque payable to CHARIS HOSPICE. Bank cheque/cash into PBB 3141630622 and fax entry form and bank-in slip to 04-8267717 or email to [charishp@streamyx.com](mailto:charishp@streamyx.com) .  
OR Send payment and entry form to Charis Hospice's office at 26, Lintang Paya Terubong 3, 11060 Penang.
7. **Registration and briefing starts at 7.30am at Band Stand in Botanic Gardens.**

#### CHILD 1

Name : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Contact No. \_\_\_\_\_

#### CHILD 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Contact No.: \_\_\_\_\_

#### ADULT

Name : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

IC No : \_\_\_\_\_

Contact No.(O) : \_\_\_\_\_ ( H/P ) : \_\_\_\_\_

e-mail : \_\_\_\_\_

Adult's Signature: \_\_\_\_\_

#### Indemnity Declaration:

1. I understand and acknowledge that while the ORGANISER will impose its highest safety standards throughout the TREASURE HUNT, participation and related activities may carry with it, the possible risk of physical injury or property damage. On behalf of my child, hereby I release and forever discharge the ORGANISER of this HUNT from any and all liability, claims, expenses or losses arising from my child's involvement and participation in the HUNT activities.
2. I further acknowledge and agree that I will be fully responsible for any and all losses or damages that my child inflicts upon any person or upon the facilities during participation in this said hunt.

For Office Use Only

Date paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash/Cheque No: \_\_\_\_\_ Team No: \_\_\_\_\_